

INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Please use ink. Do not mark in shaded areas or use correction fluid.

FAMILY SURNAME:

DENIED:			APPROVED:			SIGNATURE OF APPROVING OFFICIAL:				
<input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing information <input type="checkbox"/> Other			<input type="checkbox"/> Free meals <input type="checkbox"/> Free meals/zero income. Temporarily until _____ <input type="checkbox"/> Reduced-price meals			(45 days)				
						Date				
1A. CHILDREN FOR WHOM APPLICATION IS BEING MADE: List all children. If more space is needed, use left margin.						2. CATEGORICAL APPROVAL: Enter the FEP, Food Stamp, or Food Distribution Program on Indian Reservations (FDPIR) case number for each child. If a case number is given for all children, you may omit income information (skip 3A-C).				
NAME Last First M.I.						Birth Date	Age	Ward of Court/ Foster Child (✓)		
1.										
2.										
3.										
4.										
1B. LIST ALL OTHER HOUSEHOLD MEMBERS: If more space is needed, use left margin.						3B. INDICATE MONTHLY INCOME: List all income before deductions in the appropriate column(s) on the same line as the receiver. Convert to <u>monthly income</u> : If paid weekly, multiply by 4.33; every two weeks, multiply by 26 divide by 12; twice a month, multiply by 2; and annually, divide by 12.				
NAME Last First M.I. or also known as						Earnings from work (before deductions) JOB 1 MONTHLY	Pensions, retire- ment, Soc.Sec. MONTHLY	Welfare, alimony, child support MONTHLY	Other income (2nd job, etc.) MONTHLY	Total Adult Monthly Income
1.										
2.										
3.										
4.										
5.										
6.										
1C. TOTAL NUMBER IN HOUSEHOLD <input type="text"/>						3C. GRAND TOTAL MONTHLY HOUSEHOLD INCOME (3A plus 3B) <input type="text"/>				
4. NAME AND MAILING ADDRESS OF HOUSEHOLD APPLYING (please print):						6. SOCIAL SECURITY NUMBER AND SIGNATURE: Unless you include your child's case number for the Food Stamp Program, FDPIR (Food Distribution Program on Indian Reservations), or FEP, you must include the social security number (SSN) of the adult household member signing the application, or indicate that this person does not have a SSN by writing "NONE." This is required by section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given, or an indication is not made that the signer does not have a SSN. The SSN will be kept confidential and only used in the administration and enforcement of the program.				
Name: Address: Apt.: City: State: Zip: Home Telephone: Work Telephone:						I certify that all information furnished is true and correct; that the application is being made in connection with the receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information on the application may subject me (the applicant) to prosecution under applicable state and federal criminal statutes. An adult must sign the application under state and federal laws before it can be approved. Signature: Social Security Number: Date:				
5. RACE/ETHNIC IDENTITY: (You are not required to answer these questions.)										
5A. RACE:			5B. ETHNICITY							
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino				